

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025620

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6660

STATE FILE NUMBER

FILED JUN 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

JEWISH

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6048^a MAPLE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

PEARL

Middle

AUGUSTINE

Last

4. DATE

Month

Day

Year

DEATH

JUNE 22 1963

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

JUNE 21, 1917 46

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (City and state or country)

MEACHAM TARK MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM LAWRENCE

13b. MOTHER'S MAIDEN NAME

FELISA JOHNSON

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

Elmer Augustine

Address

6048^a maple

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SUBARACHNOID HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH

18 HRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) RUPTURED MYCOTIC ANEURYSM.

DUE TO (c) SUBACUTE BACTERIAL ENDOCARDITIS

7 WKS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INACTIVE RHEUMATIC HEART DISEASE 430.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/12/63 to 6/22/63 and last saw her alive on 6/22/63
Death occurred at 2:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. H. Flicker, M.D.

22b. ADDRESS

216 S. Kingshighway

22c. DATE SIGNED

6/25/63

23a. BURIAL, CREMATION, REBURY (Specify)

Burial

23b. DATE

June 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Father Flickers

23d. LOCATION (City, town, or county)

Crestwood Mo

24. FUNERAL DIRECTOR

J. H. Flicker

ADDRESS

222 E. 22nd St

25. DATE RECD. BY LOCAL REG.

JUN 25 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS.

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.